## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/728095

|  |  | CLAIMS AS                                 | FILED - I<br>(Column                    |                               | (Column 2)                   |                                      | _        | SMALL ENTITY TYPE   |                        | OTHER THOSE SMALL EN |                     |                        |
|--|--|---|---|-------------------------------|------------------------------|--------------------------------------|----------|---------------------|------------------------|----------------------|---------------------|------------------------|
| то   | TAL CLAIMS                                     |   |   |                               |                              |                                      |          | RATE                | FEE                    |                      | RATE                | FEE                    |
| FO   | 3  |   | NUMBER F                                | ILED                          | NUMBE                        | R EXTRA                              |          | BASIC FEE           | 355.00                 | OR                   | BASIC FEE           | · 710.00               |
| то   | TAL CHARGEA                                    | BLE CLAIMS                                | / 7 minus 20=                           |                               | . 0                          |                                      |          | X\$ 9=              |                        | OR                   | X\$18=              |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | 2 min                                   | minus 3 =                     |                              | <del>)</del>                         |          | X40=                |                        | ÓR                   | X80=                | •                      |
| MU   | TIPLE DEPEN                                    | DENT CLAIM PF                             | RESENT                                  |                               |                              |                                      |          | +135=               |                        | OR                   | +270=               |                        |
| • If   | the difference i                               | in column 1 is l                          | s less than zero, enter "0" in column 2 |                               |                              |                                      |          | TOTAL               |                        | OR                   | TOTAL               | TW                     |
|  | CI   | LAIMS AS A                                | AMENDED - PART II                       |                               |                              |                                      | <u>ن</u> |                     |                        |                      | OTHER THAN          |                        |
|  |  | (Column 1)                                |   | (Colu                         |                              | (Column 3)                           |          | SMALL               |                        | OR                   | SMALL               |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER                          | PRESENT<br>EXTRA                     |          | RATE                | ADDI-<br>TIONAL<br>FEE |                      | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>N   | Total  | • 17                                      | Miņus                                   | 2                             | 0                            | = 0                                  |          | X\$ 9=              |                        | OR                   | X\$18=              |                        |
| AME  | Independent                                    | - 2                                       | Minus                                   | ***                           | 3                            | = +                                  | Į I      | X40=                | •                      | ŌΒ                   | X80=                |                        |
|  | FIRST PHESE                                    | NTATION OF M                              | JUIIPLE DEF                             | ENDEN                         | CLAIM                        | <u> </u>                             | J        | +135=               |                        | OR                   | +270=               |                        |
|  |  |   | ·                                       | · ·                           |                              | <b>-</b>                             |          | TOTAL<br>ADDIT, FEE | -                      | OR                   | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                | -                                       | (Colu                         | mn 2)                        | (Column 3)                           |          | 10011.1 EE          |                        |                      | 3                   | •                      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |          | RATE                | ADDI-<br>TIONAL<br>FEE |                      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 17                                      | Minus                                   | - 2                           | 0                            | = -0                                 |          | X\$ 9=              |                        | OR                   | X\$18=              | 4                      |
| F  | Independent                                    | . 2                                       | Minus                                   |                               | 3                            | = 0                                  | 11       | X40=                |                        | ÖR                   | X80=                | <u> </u>               |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                              |                                      |          | +135=               |                        | OR                   | +270=               |                        |
|  | •  |   |   |                               |                              |                                      |          | TOTAL<br>ADDIT, FEE |                        | OR                   | TOTAL<br>ADDIT, FEE |                        |
|  |  | (Column 1)                                |   | (Colu                         | mn 2)                        | (Column 3                            |          | ADDIT: TEE          |                        |                      | ADD:1: 1 EE         |                        |
| NTC  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGI<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |          | RATE                | ADDI-<br>TIONAL<br>FEE |                      | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | . 17                                      | Minus                                   | 2                             | 6                            | = +                                  |          | X\$ 9=              |                        | OR                   | X\$18=              |                        |
| WE   | Independent                                    | . 2                                       | Minus                                   | ***                           | 3                            | = +                                  | 41       | X40=                |                        | OR                   | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                              |                                      |          | .105                |                        |                      | .270                |                        |
| " If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."   |  |   |   |                               |                              |                                      |          | +135=<br>TOTAL      |                        | OR                   | +270=<br>TOTAL      |                        |
| **   | If the "Highest Nu                             | imber Previously F                        | ald For IN THI                          | IS SPACE<br>IS SPACE          | is less that<br>is less tha  | ın 20, enter "20<br>an 3. enter "3." |          | ADDIT. FEE          |                        | OR                   | ADDIT. FEE          | L                      |
| ***If the "Highest Number Pr viously Paid F r" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid F r" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                               |                              |                                      |          |                     |                        |                      |                     |                        |

A PROPERTY OF

| PATENT | Application fee Determination Record |
|--------|--------------------------------------|
| •••    | Escathia Harrember 10, 1998          |

Application of Desket Humber 0.9/728095

| L  | Elicotive rosessor T.  |  |          |                 |                   |   |                  |            | SMALL ENTITY OTHE |          |                     |               |
|----|--|--|----------|-----------------|-------------------|---|------------------|------------|-------------------|----------|---------------------|---------------|
|    | CLAIMS AS FILED - PART (Column 2)                                      |  |          |                 |                   |   |                  | TYPE [     |                   | OR       | MILLA               |               |
| F  | (Column 1) FOR NUMBER FILED  |  |          |                 |                   | NUMBER E                                      | RATE             | FEE        |                   | RATE     | FEE                 |               |
| -  |  |  |          |                 |                   |   |                  |            | 380.00            | OR       |                     | 760.00        |
| L  | BASIC FEE  |  |          |                 |                   | 7)-   |                  | 100        |                   | _        | X\$18=              |               |
|    | TOTAL CLAIMS 7 minus 20  |  |          |                 |                   | )=  °   |                  | X\$.9=     |                   | OR       |                     |               |
|    | NDE  | IDEPENDENT CLAIMS 2 minus 3 = 0  |          |                 |                   |   |                  |            |                   | OR       | X78=                |               |
| h  | MUL  | TIPLE DEPEND   | +130=    |                 | OR                | ÷260=   |                  |            |                   |          |                     |               |
| F  | 1 is less than yord enter "0" in column 2                              |  |          |                 |                   |   |                  | TOTAL      |                   | OR       | TOTAL               |               |
| ╢. | of the difference in column 1 is less than zero, enter °0° in column 2 |  |          |                 |                   |   |                  | 10172      |                   | <u> </u> | OTHER               | MAN           |
|    | 52504 CLAIMS AS AMENDED - PART II (Column 3)                           |  |          |                 |                   |   |                  | SMALL      | EMMY              | OR       | small i             | MINA          |
| ļ  | 1  | <u> </u>   | (Colu    |                 | <del></del>       | HIGHEST                                       |                  |            | ADDI-             |          |                     | ADDI-         |
| )  | ×  |  | REMA     | UNING<br>TER    |                   | NUMBER<br>PREVIOUSLY                          | PRESENT<br>EXTRA | RATE       | TIONAL            |          | RATE                | TIONAL<br>FEE |
| H  | AMENDMENT  |  |          | DMENT           |                   | PAID FOR                                      | <u> </u>         | 100        | FEE               |          | X\$18=              |               |
| ۱  | <b>§</b>   | Total  | a /      | 1               | Minus .           | <u>~ 20</u>                                   |                  | X\$ 9=     |                   | OR       |                     |               |
| ۱  |  |  | • 2      |                 | Minus             | <b>600</b> 3                                  | - <del>0</del>   | )C39=      |                   | OR       | X78=                |               |
|    | <b>≪</b> [   | FIRST PRESEN   | OITATI   | N OF MU         | LTIPLE DEP        | ENDENT CLAIM                                  |                  | +130=      |                   | OR       | +260=               |               |
| ١  |  |  |          |                 |                   |   |                  | TOTAL      |                   | ון ע     | TOTAL<br>ADDIT, FEE |               |
|    |  | • .  |          |                 | ADDIT. FEE        | <u></u>                                       |                  | ADDIT. PEE |                   |          |                     |               |
|    |  | <u> </u>   |          | ADDI-           | n f               |   | ADDI-            |            |                   |          |                     |               |
| υl | 150  |  |          | aims<br>Aining  |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY               | PRESENT<br>EXTRA | PLATE      | TIONAL            |          | RATE                | MAMOIT        |
|    |  |  | •        | TER<br>IDMENT_  |                   | PAID FOR                                      | Exim             |            | FEE               | {        |                     | FEE           |
|    | 医  | Total  | ٥        |                 | Winus             | to:   | E                | X\$ 9=     |                   | OR       | X\$18=              | ļ             |
|    | AMENDMENT  | Independent  | œ.       | · · ·           | Minus             | 000   | æ                | )(39=      |                   | OR       | )C78=               |               |
|    | A I  | FIRST PRESE  | NTATIC   | N OF M          | JLTIPLE DE        | PENDENT CLAIM                                 |                  | 100        |                   |          | +260=               |               |
|    |  |  |          |                 |                   |   |                  | +130=      | Ļ                 | OR       | TOTAL               | J             |
|    |  |  |          |                 |                   |   |                  | ADDIT. FEE | H                 | JOR      | ADDIT. FEE          |               |
|    | }  |  | (Cot     | umn_1)_         |                   | (Column 2)                                    | (Column 3)       |            |                   |          |                     |               |
| J. |  | <u> </u>   | ı a      | AIMS            | 1                 | HIGHEST<br>NUMBER                             | PRESENT          |            | ADDI-             | 1        | CATT                | ADDI          |
| 1  | 7  |  | A        | IAINING<br>FTER |                   | PREVIOUSLY                                    | EXTRA            | RATE       | TIONAL            |          | RATE                | FEE           |
|    |  |  | AMER     | NDMENT          | -                 | PAID FOR                                      |                  | X\$ 9=     | 1                 |          | )C\$18=             |               |
|    | AMENDMENT,C  | Total  | °        |                 | Minus             | ···   | -                | 1          |                   | OR       |                     |               |
|    | E  | Independent  | 0        |                 | Minus             | DENIDENT CI AIR                               |                  | ) X39=     | <b></b>           | OR       | X78=                | <b></b>       |
|    | -  | FIRST PRES   | NTATI    | ON OF M         | ULTIPLE DE        | PENDENT CLAIR                                 |                  | +130=      |                   | [OR      | +260=               | I             |
|    |  | M Man anias in ani   | 1 l-     | loss then       | the entry in CC   | huma 2, write "0" in c<br>no space is lass th | octumn 3.        | TOTA       | 1                 | OR       | TOTA                |               |
|    |  | if the entry in coli<br>If the "Highest Ni<br>"If the "Highest N<br>The "Highest No. | ambar Pi | reviously F     | STORT FOR THE ST. | 10 01 mac                                     | A                | ADOIT. FEI | <u> </u>          | ك السيد  | ADDIT. FE           | El-           |